

Schwartz, G. 12072

Form 6

## FORM 6. Motion and Declaration for Leave to Proceed in Forma Pauperis

RECEIVED

2008 MAY 20 PM 4:56

## UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

BERRY

v. COMMERCE

No. 2008-3235

Motion and Declaration for Leave to Proceed in Forma Pauperis

INSTRUCTIONS: If you do not pay the fee, file this completed form with your petition for review or notice of appeal within 14 days of the date of docketing. Complete all questions in this application and then sign it. Do not leave any blanks; if the answer to a question is "0", "none", or "not applicable" (N/A), write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case docket number, and the question number. Failure to fully answer the questions may result in a denial of the motion.

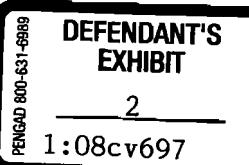
Petitioner/Appellant hereby moves for leave to proceed in forma pauperis, pursuant to 28 U.S.C. § 1915, in this case and submits the following declaration in support thereof:

I, Renee' R Berry, am the Petitioner/Appellant in the above-entitled case. In support of my motion to proceed on appeal without being required to pay the docketing fee, I state that I am unable to pay the fee because of my poverty; that I believe that I am entitled to redress; and that the issues which I desire to present on appeal are the following:

I further declare that the responses which I have made to the questions and instructions below relating to my ability to pay the docketing fee are true.

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 0	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 215	\$ 0	\$ 215	\$ 0



## FORM 6. Motion and Declaration for Leave to Proceed in Forma Pauperis (continued)

	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Interest and dividends	\$ 0	\$ _____	\$ 0	\$ _____
Gifts	\$ 0	\$ _____	\$ 0	\$ _____
Alimony	\$ 0	\$ _____	\$ 0	\$ _____
Child support	\$ 0	\$ _____	\$ 0	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ _____	\$ 0	\$ _____
Disability (such as social security, insurance payments)	\$ 0	\$ _____	\$ 0	\$ _____
Unemployment payments	\$ 1300	\$ _____	\$ 1300	\$ _____
Public assistance (such as welfare)	\$ 0	\$ _____	\$ 0	\$ _____
Other (specify) _____	\$ 0	\$ _____	\$ 0	\$ _____
<b>Total monthly income:</b>	<u>\$ 3415</u>	\$ _____	<u>\$ 3415</u>	\$ _____
2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is pay before taxes or other deductions.)				
Employer	Address	Dates of employment	Gross monthly pay	
Adept Services, Inc.	Springfield, TN		Contract work 150/case	
First InfoTech	Arlington, VA	11/2007 - Present	Contract work 1300/case	
US Patent & Trademark	Alexandria, VA	9/1996 - 11/2007	4500	
3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is pay before taxes or other deductions.)				
Employer	Address	Dates of employment	Gross monthly pay	
N/A				
4. Are you presently incarcerated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.				

## Form 6

## FORM 6. Motion and Declaration for Leave to Proceed In Forma Pauperis (continued)

5. How much cash do you and your spouse have? \$ 7,000

Below, state any money you or your spouse have in bank accounts or in any other financial institution. State the average monthly balance.

Financial institution	Type of account	Amount you have	Amount your spouse has
NASKFCU	Checking / Savings	\$ 7,660 / 100	\$ —
LPN FCU	Checking / Savings	\$ 150	\$ —

6. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Other assets (Value)
2827 Ohio St, NE 350,000		
41 Sheridan St, NE 250,000		
864 Quince Orchard 150,000		
Other assets (Value)	Motor vehicle #1 Make, model & year: ~20,000 Value:	Motor vehicle #2 Make, model & year: Value:
	Registration #:	Registration #:

7. State every person, business, or organization owing you or your spouse money, and the amount owed:

Person, business or organization owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A		

## FORM 6. Motion and Declaration for Leave to Proceed in Forma Pauperis (continued)

8. State the persons who rely on you or your spouse for support:

Initials of Person	Relationship	Age
N/A		

9. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ 4426/mth	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 230/mth	\$ _____
Home maintenance (repairs and upkeep)	\$ 100/mth	\$ _____
Food	\$ 200/mth	\$ _____
Clothing	\$ 0	\$ _____
Laundry and dry cleaning	\$ 50/mth	\$ _____
Medical and dental expenses	\$ 0	\$ _____
Transportation (not including motor vehicle payments)	\$ 400/mth	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 150/mth	\$ _____
Life	\$ 254/mth	\$ _____
Health	\$ 168/mth	\$ _____
Motor vehicle	\$ 125/mth	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ _____	\$ _____

## Form 6

## FORM 6. Motion and Declaration for Leave to Proceed in Forma Pauperis (continued)

	You	Your spouse
Installment payments		
Motor vehicle	\$ 0	\$ _____
Credit card (name): <u>VISA</u>	\$ 1000/mth	\$ _____
Department store (name): <u>Macy's</u>	\$ 97/mth	\$ _____
Other: <u>Sears</u>	\$ 325/mth	\$ _____
Alimony, maintenance, and support paid to others	\$ 0	\$ _____
Regular expenses for operation of business, profession or farm (attach detailed statement)	\$ 0	\$ _____
Other (specify): _____	\$ _____	\$ _____
<b>Total monthly expenses:</b>	<u><b>\$ 750</b></u>	\$ _____

10. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes  No If yes, describe on an attached sheet.

11. Have you paid, or will you be paying, an attorney any money for services in connection with this case, including the completion of this form?

Yes  No If yes, how much? \$ \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

12. Have you paid, or will you be paying, anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes  No If yes, how much? \$ \_\_\_\_\_

If yes, state the person's name, address, and telephone number:

13. Provide any other information that will help explain why you cannot pay the docketing fees for your appeal or petition for review.

I am unemployed. The USPS fired me and I have not found a job. Contract work pays only when I get an assignment.

FORM 6. Motion and Declaration for Leave to Proceed in *Forma Pauperis* (continued)

14. Have you ever filed a motion for leave to proceed in *forma pauperis* in any other case in this court?  Yes  No If yes, state the name and docket number of that case.

15. State the address of your legal residence:

2827 Otis St, NE Washington, DC 20018

Your daytime phone number: (202) 441-8941

Your age: 44

Your years of schooling: 7 years  
BS-Chemistry  
MA-Education

You must sign and date the declaration under penalty of perjury.

## DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury, under the laws of the United States, that my answer on this form are true and correct.

5-20-08

Date

Lenee T. Perry

Petitioner's/Appellant's signature

cc:

## ORDER OF THE COURT

The motion to proceed in *forma pauperis* is DENIED. The docketing fee must be paid within 14 days.



Circuit Judge

MAY 29 2008

Circuit Judge or Clerk

Date

U.S. COURT OF APPEALS FOR  
THE FEDERAL CIRCUIT

MAY 29 2008

**JAN HORBALY**  
**CLERK**

VIRGINIA EMPLOYMENT COMMISSION  
NOTICE OF DEPUTY'S DETERMINATION

5520 Cherokee Ave #100  
Alexandria VA 22312



(703) 813-1300 LON: 001  
(703) 813-1338/FAX

SSN: [REDACTED]  
PROGRAM: 05 BYE: 01/24/09  
LTRN: 01  
LAST 30 DAY/240 HOUR EMPLOYER  
DEPARTMENT OF COMMERCE  
TALX UCEXRESS  
PO BOX 66945  
ST. LOUIS MO 63166

CLAIMANT NAME AND ADDRESS  
RENEE R BERRY  
2827 OTIS STREET, NE  
WASHINGTON DC 20018

BASED ON FACTS OBTAINED IN CONNECTION WITH THIS CLAIM FOR UNEMPLOYMENT COMPENSATION FILED EFFECTIVE 01/27/08, THE UNDERSIGNED DEPUTY PURSUANT TO SECTION 60.2-618(2) OF THE VIRGINIA UNEMPLOYMENT COMPENSATION ACT (AS SHOWN ON BACK) RENDERS THE FOLLOWING DETERMINATION:

CLAIMANT QUALIFIED EFFECTIVE 01/27/08

THE RECORD OF THIS CLAIM INDICATES THE CLAIMANT WAS DISCHARGED FROM HER JOB BY THE ABOVE EMPLOYER DUE TO UNSATISFACTORY JOB PERFORMANCE. ALTHOUGH THE CLAIMANT DID HER JOB TO THE BEST OF HER ABILITY, SHE APPARENTLY WAS UNABLE TO MEET THE EMPLOYER'S STANDARDS FOR PERFORMANCE. THERE WAS NO EVIDENCE OF MISCONDUCT ON THE CLAIMANT'S PART.

THE VIRGINIA UNEMPLOYMENT COMPENSATION ACT PROVIDES THAT AN INDIVIDUAL SHALL BE DISQUALIFIED IF IT IS FOUND THAT HE WAS DISCHARGED AS A RESULT OF MISCONDUCT IN CONNECTION WITH WORK. MISCONDUCT EXISTS IF IT IS SHOWN THAT THERE WAS A WILLFUL OR SUBSTANTIAL DISREGARD OF THE EMPLOYER'S INTEREST OR STANDARDS OF BEHAVIOR THAT AN EMPLOYER HAS THE RIGHT TO EXPECT OF HIS EMPLOYEE.

SINCE MISCONDUCT HAS NOT BEEN SHOWN, THE CLAIMANT IS ENTITLED TO BENEFITS.

S. JOHNSON DEPUTY, VIRGINIA EMPLOYMENT COMMISSION

ANY PARTY NAMED ABOVE WHO DISAGREES WITH THIS DECISION HAS THE RIGHT TO FILE AN APPEAL. APPEAL RIGHTS ARE EXPLAINED ON THE REVERSE OF THIS FORM. PLEASE READ THEM CAREFULLY.